MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01644

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert Co Hospt.
Stay in hospital or inst. (yrs., or mos., or days) 15 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Cal.
City or town St Leonards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Beverly

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of ~~husband or~~ wife Elizabeth Basford Beverly

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1879

8. AGE:

Years	Months	Days	If less than one day
60	1	19	____ hrs. ____ min.

9. Birthplace Calvert County, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edwin Beverly
13. Birthplace Md.

MOTHER
14. Maiden name Laura Cochrane
15. Birthplace Md.

16. Informant Elizabeth Beverly
Address Wallville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 10, 1940 (month) (day) (year)

Cemetery or crematory Watts Memorial
Location Island Creek, Md.

18. Funeral director A. A. Harkness & Son
Address Mutual, Md.

19. 2/9 1940 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1940, to date 1940
and that I last saw him alive on 2/7 1940

Immediate cause of death	DURATION
Pulmonary T.B.	7
Due to T.B. pneumonia.	1/21/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. L. Burgess M. D. or other
Address Prince Frederick Date signed 2/8/40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01645

1. PLACE OF DEATH (159)

County Calvert Registration Dist. No. 51

Village or City Wallville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Bowen If U. S. Veteran, specify WAR

(a) Residence: No. Wallville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1940

7. AGE Years Months Days If LESS than 1 day, hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. premature

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallville (State or country) Calvert

FATHER

13. NAME Joseph E. Bowen

14. BIRTHPLACE (city or town) Wallville (State or country)

MOTHER

15. MAIDEN NAME Eliz. Hooper

16. BIRTHPLACE (city or town) Bowens (State or country)

17. INFORMANT Mother (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Walter Memorial Church Date 2-16-1940

19. UNDERTAKER Jos Bowen (Address)

20. FILED 2/16/1940 J. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from premature 19 , to , 19

I last saw h elive on , 19 ; death is said to have occurred on the date stated above, at 4:15 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Premature

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Lowry M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: A. A.

City or town: Lyo Fisher station. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alex. Columbus Cochran

3. (b) Social Security Number: none

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Alberta Cochran

6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Jan 20, 1867

8. AGE: Years: 73 Months: Days: 15 If less than one day: hrs. min.

9. Birthplace: Calvert County.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business: Farm.

FATHER
12. Name: James Cochran
13. Birthplace: Calvert.

MOTHER
14. Maiden name: Eliza Fowler.
15. Birthplace: Calvert

16. Informant: Joe Cochran
Address: Chaney.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 2-5-40 (month) (day) (year)

Cemetery or crematory: St. Pauls.

Location: Prince Fred.

16. Funeral director: Hutchins.

Address: Owings.

19. 2-3- 1940 (Date rec'd by registrar) I. N. Kerig Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-3 1940, at 7 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-30 1940, to 2-2 1940, and that I last saw him alive on 2-2 1940.

Immediate cause of death: Congestive heart failure

Due to: Cardiovascular renal disease

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Dt operations:
Dt autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. J. Weeks M.D. M. D. or other

Address: Huntingtown Date signed: 2-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

FEB 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-40)

01647

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Calvert

County

City or town Edelina

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Calvert.

City or town Edelina Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Alexander P Duke

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie Duke

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1858

8. AGE: Years 81 | Months 4 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Md.
(town, county, and state)

10. Usual occupation Farmer. Retired

11. Industry or business

FATHER 12. Name James N Duke

13. Birthplace Md.

MOTHER 14. Maiden name Maria J Farran

15. Birthplace Md.

16. Informant Mrs Nellie Duke

Address Edelina Md.

17. Burial Date thereof Feb 25 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's

Location Prince Frederick, Md.

18. Funeral director A. A. Hardesty & Son

Address Mutual, Md.

19. Feb 25 40 H. Clare Browne
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 37 to Feb 23 1940, and that I last saw h alive on Feb 22 1940

	DURATION
Immediate cause of death Uremia.	4 days
Due to Chronic Myocarditis	7 yrs.
Due to Chronic Interst Nph	7 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E Browne M. D. or other

Address Prince Frederick Date signed 2/27/40

RECEIVED
MAR 8 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01648

95-a

1. PLACE OF DEATH

County Calvert Registration Dist. No. 51

Village or City Huntingtown Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elisha L. Gibson If U. S. Veteran, specify WAR

(a) Residence: No. Huntingtown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia C

6. DATE OF BIRTH (month, day, and year) Sept. 27, 1862

7. AGE Years 77 Months 4 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Huntingtown (State or country)

FATHER

13. NAME Agustus Gibson

14. BIRTHPLACE (city or town) Huntingtown (State or country)

MOTHER

15. MAIDEN NAME Wilhelmina Trott

16. BIRTHPLACE (city or town) Huntingtown (State or country)

17. INFORMANT S. C. Gibson (Address) Huntingtown

18. BURIAL, CREMATION, OR REMOVAL Place Huntingtown Date 26 Feb, 1940

19. UNDERTAKER W. H. Hutchins (Address) Owings, Maryland

20. FILED 2/24, 1940 I. N. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-10-, 1940, to 2-24, 1940

I last saw him alive on 2-24, 1940; death is said to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute heart failure

Date of onset

Other Contributory Causes of Importance:

auricular fibrillation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M.D.

(Address) Huntingtown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 5 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

01649

Reg. Diat. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Olivet
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Olivet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eliza Gross

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	married

6 (b) Name of husband or wife: George Henry Gross
6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 4, 1864

8. AGE:

Years	Months	Days	If less than one day
75	9	1	hrs. min.

9. Birthplace: Olivet Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Johnson
13. Birthplace: Olivet Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Maryland

16. Informant: Harrison Kent
Address: Olivet. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/40 (month) (day) (year)
Cemetery or crematory: Eastern Chapel
Location: Olivet, Md.

18. Funeral director: P. E. Sewell
Address: Bruce Frederick, Md.

19. 2/6 1940 (Date rec'd by registrar) D. C. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 5 1940, at 9a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 30 1940, to 19, and that I last saw her alive on January 30 1940.

Immediate cause of death	DURATION
Apoplexy	2 weeks
Due to Arteriosclerosis	6 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: D. C. S. Coster M. D. or other
Address: Solomons, Md. Date signed 3/6/40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

01650

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calvert County

City or town: Adelina, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Adelina Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Georgana Gross.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	Widow

6 (b) Name of husband or wife: Moses Gross.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
78			hrs. min.

9. Birthplace: Calvert County, Md (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER 12. Name: Edward Gross.

FATHER 13. Birthplace: Calvert County. Md

MOTHER 14. Maiden name: Jane Gross.

MOTHER 15. Birthplace: Calvert County, Md.

16. Informant: Kate Gross.

Address: Adelina, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-13-40 (month) (day) (year)

Cemetery or crematory: Cemetery. Carroll's

Location: Calvert Co. Md.

18. Funeral director: C. C. Sewell.

Address: (P. O.) Prince Frederick, Md.

19. 2-13- 1940 (Date rec'd by registrar) J. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 11 1940, at 11 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6 1940, to Feb 11 1940, and that I last saw h[illegible] alive on Feb 6, 1940 19

Immediate cause of death	OURATION
Cardio renal disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Date signed 2/13/40

FEB 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (58-1)

CERTIFICATE OF DEATH

01651

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert Co Hospital
Stay in hospital or inst. (yrs., or mos., or days): 2 days
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Hardman

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C.	S.

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 14, 1932

8. AGE:

Years	Months	Days	If less than one day
8	1	1	____ hrs. ____ min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: school

11. Industry or business

FATHER
12. Name: Thomas Gaughen
13. Birthplace: Md

MOTHER
14. Maiden name: Margie Hardman
15. Birthplace: Md

18. Informant: Will P. Freeman
Address: R. Fred.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/16/40 (month) (day) (year)

Cemetery or crematory: Carroll's

Location: Barstow

18. Funeral director: P. E. Sewell

Address: R. Frederick, Md.

19. 2/15 1940 D. M. Long
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 15 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Feb 15 1940, and that I last saw h[illegible] alive on 2/15/40

Immediate cause of death	DURATION
acute Articular Rheumatism	40 days
Due to Rheumatic heart disease	2 mos.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: E. J. Bracco M. D. or other
Address: Prince Frederick Date signed 2/15/40

RECEIVED
MAR 8 1940
BUREAU V. S.

01652

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Mutual
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Rural Mutual Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gilbert Wilson Henson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Roberta Henson

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.): Dec 27, 1869

8. AGE: Years 70 | Months 1 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Calvert Co Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Jacob Henson
13. Birthplace: Calvert Co Md.

MOTHER
14. Maiden name: Jane Wilson
15. Birthplace: Calvert Co. Md.

16. Informant: Joe White

Address: Adelina Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/21/40 (month) (day) (year)

Cemetery or crematory: Carroll

Location: Boston

18. Funeral director: P. E. Sewell

Address: R. Frederick

19. 2/20 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 1940, at 2 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1939, to Feb 19 1940, and that I last saw him alive on Jan 4 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertensive C.V. Disease

Due to: Cardiac Hypertrophy

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page Jett M. D. or other

Address Prince Frederick Date signed 2/20/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1940
U.S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01653

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Calv.

City or town: Sunderland md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Calvert County: Maryland

City or town: Rural Sunderland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.:

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: James Cornelius Hicks.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	married.

6 (b) Name of husband or wife: Henriette Hicks.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 15, 1882

8. AGE: Years	Months	Days	If less than one day
58	1	6	hrs. min.

9. Birthplace: Calv, Md. (town, county, and state)

10. Usual occupation: Carpenter.

11. Industry or business:

FATHER 12. Name: not known.

13. Birthplace:

MOTHER 14. Maiden name: Rebecca Hicks

15. Birthplace: Calv. md.

16. Informant: Henriett Hicks.

Address: Sunderland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/24/40 (month) (day) (year)

Cemetery or crematory: Mt. Hope M.E. Church.

Location: Md.

18. Funeral director: P.C. Sewell.

Address: Prince Frederick Md.

19. 2/23/40 (Date rec'd by registrar) 19 D. M. Duke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 21 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1939 to Feb 21 1940, and that I last saw h alive on Feb 21 1940

Immediate cause of death	DURATION
Mesenteric Thrombosis	
Due to Partial Intussusception	
Due to Cancer Re-sigmoidostomy	
Due to Tertiary Syphilis	
Other conditions: Hypertensive C.V. disease	

Major findings: (Include pregnancy within 3 months of death)

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Date signed 2/24/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

01654

CERTIFICATE OF DEATH

Reg. Dist. No. 521

1. PLACE OF DEATH:
County Calvert
City or town Chaneyville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME June Hicks

3. (b) Social Security Number

4. Sex: Female
5. Color or race: colored
6.(a) Single. ~~married, widowed, or divorced~~: single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1940

8. AGE: Years | Months 1 | Days 13 | If less than one day hrs. min.

9. Birthplace Calvert Co Hosp. Dr. Fred Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Wm Hicks
13. Birthplace Calvert Co

MOTHER
14. Maiden name Evelyn Holland
15. Birthplace Calvert Co.

16. Informant Wm Hicks
Address Chaneyville, Md

17. (Burial, cremation, or removal. Which?) Date thereof 2/20/40 (month) (day) (year)
Cemetery or crematory Lower Marlboro.
Location Md.

18. Funeral director Joshua Gill
Address Chaneyville. Md

19. Feb 19 1940 (Date rec'd by registrar) W. H. Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4 1940, to 19
and that I last saw her alive on Febr 4. 1940.

Immediate cause of death: Probably unattended Pneumonia

~~Due to~~ Congenital Syphilis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Page C Jett MD
M. D. of other
Address Prince Frederick Date signed 2/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-d)

01655

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County: Calvert
City or town: 1 Broomes Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: 1 Broomes Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Charles E. Jett

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Della Jett.
6(c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Sept 6, 1876

8. AGE:

Years	Months	Days	If less than one day
63	4	75	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business
FATHER
12. Name: Lewis Jett.
13. Birthplace: Md
MOTHER
14. Maiden name: Margaret Watson
15. Birthplace: Md.
16. Informant: Wife.
Address: Broomes Island
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 4, 1940 (month) (day) (year)
Cemetery or crematory: Broomes Island
Location: Broomes Island, Md
18. Funeral director: A. A. Harkness, & Sons
Address: Mutual Md
19. 40 Feb 4 (Date rec'd by registrar) 1940 H. Clay Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1940, at 7 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on not attended 19 .
Immediate cause of death: Chronic Valv. Heart Dis. — DURATION: 3 y.
Hypertension — 3 y.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: E. T. Briscoe M.D. or other
Address: Deputy Med. Examiner for Cal. Co. Prince Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

01656

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert.
City or town Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Sg M Jones

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed

B (b) Name of husband or wife Wm M Jones

6(c) If alive, give age deceased years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1863

8. AGE: Years	Months	Days	If less than one day
77	0	6	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business At home

FATHER 12. Name Samuel Patterson
13. Birthplace Md.

MOTHER 14. Maiden name Margaret Gillian
15. Birthplace Md.

16. Informant Mrs Alvin Dudley
Address Prince Frederick, Md

17. Burial Date thereof Feb 21, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Asbury
Location Barstow, Md.

18. Funeral director A. A. Harkness & Son
Address Mutual, Md.

19. 2/20 1940 D. N. Tong
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/19/1940, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/19 1940, to 2/19/40 1940, and that I last saw h alive on 2/19/40 1940.

	DURATION
Immediate cause of death Uremia	2 days
Due to Chronic Interstitial Nephritis	4 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G T Bruce M. D. or other
Address Prince Frederick Date signed 2/20/40

RECEIVED
MAR 15 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 33-a

01657

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Calvert
City or town Olivet
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Olivet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Olivet, Md.
(If rural give LOCATION)
2(o) IF VETERAN, NAME WAR No

3. (a) FULL NAME George B. Lusby

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced widowed
8 (b) Name of husband or wife ~~Delia Jay~~ Sarah Pragg
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 9, 1856

8. AGE: Years 84 Months 1 Days 11 If less than one day hrs. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business
FATHER 12. Name George Lusby
13. Birthplace Calvert Co Md
MOTHER 14. Maiden name Delia Jay
15. Birthplace Calvert Co Md
16. Informant Oscar Lusby
Address Baltimore, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 21, 1940 (month) (day) (year)
Cemetery or crematory Olivet
Location Olivet, Md.
18. Funeral director A. A. Hackman & Son
Address Mutual, Md.
19. 2/20 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1940, at 8 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/14 1940, to 2/20 1940, and that I last saw him alive on 2/19/40 19

Immediate cause of death Bronchial Pneumonia OK — DURATION 2/14
Due to La Grippe
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bagel Jett M. D. or other
Address Prince Frederick Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (167)

01658

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Cal Co Hospt.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Prince Frederick
Stay in hospital or inst. (yrs., or mos., or days): 1/2 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: St Leonards Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 219051972
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: [illegible]

3. (a) FULL NAME: David Jack Rawlings
Ross. 215-12-3771-MUH
3. (b) Social Security Number: 219051972

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Married
B (b) Name of husband or wife: Maggie Rawlings
6(c) If alive, give age: 25 years
7. Birth date of deceased (mo., day, yr.): April 1, 1913

8. AGE: Years 27 | Months 10 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: David Rawlings
13. Birthplace: Md.
MOTHER 14. Maiden name: Maggie Gross
15. Birthplace: Md.
16. Informant: Hospt. Record
Address:

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 2/20/40 (month) (day) (year)
Cemetery or crematory: Brooks M.E. Church
Location: Calv. Co Md.
18. Funeral director: P. E. Sewell
Address: Prince Frederick Md.

19. 2/20 1940 (Date rec'd by registrar) J. N. King (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/18/1940 at 4:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/18 1940 to 2/18 1940 and that I last saw him alive on 2/18/1940

Immediate cause of death: Shock
Due to: Stab wound of abdomen
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings: Of operations: Herniation & shortening of intestines
Of autopsy:

DURATION: 1 day

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Homicide Date of: 2/18/40
Where did injury occur? at home (City or town) Calv. (County) Md. (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: Stab wound, injured at work? no

23. SIGNATURE: E. Briscoe M. D. or other
Address: Deputy Med. Examiner for Calvert Co. Prince Frederick, Md. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

01659

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County: Calvert

City or town: Island Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: Island Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: James E. Rice

3. (b) Social Security Number: none

4. Sex: M

5. Color or race: Cal

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Charlotte Rice

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): 1878 ~~Md~~.

8. AGE: Years: 62 Months: Days: If less than one day: hrs. min.

9. Birthplace: Island Creek, Md. (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business: Farm

FATHER

12. Name: Thomas Rice

13. Birthplace: Md.

MOTHER

14. Maiden name: Mary ?

15. Birthplace: Md.

16. Informant: Geo Rice

Address: Island Creek.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 2/5 (month) (day) 40 (year)

Cemetery or crematory: Cemetary

Location: Mutual Md

18. Funeral director: P. E. Sewell

Address: Prince Frederick

19. Feb. 5 1940 (Date rec'd by registrar) H Clare Briscoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/3 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/27 1940, to 2/3 1940 and that I last saw h alive on 19

Immediate cause of death: apoplexy — DURATION: 5 days

Due to: arteriosclerosis — 3 yrs

Due to: Chronic nephritis — 3 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: E. Briscoe M. D. or other

Address: Prince Frederick Date signed 2/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

01660

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Calvert Co Hosp
Stay in hospital or inst. (yrs., or mos., or days): 1 day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Rural Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Stillborn boy Sanders

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: B.
6. (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): February 29 1940
8. AGE: Years | Months | Days | If less than one day: hrs. min.
9. Birthplace: Prince Frederick, Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Joseph Sanders
13. Birthplace: Calvert Co
MOTHER
14. Maiden name: Flossie Chew
15. Birthplace: Calvert Co
16. Informant: Joseph Sanders
Address: Dares
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 29 1940 (month) (day) (year)
Cemetery or crematory: Carrolls
Location: Barstow
18. Funeral director: Joseph Saunders
Address: Dr. Fred., Md.
19. 2/29 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 29 1940, at 3:58 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19
Immediate cause of death: Congenital Syphilis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Prince Frederick Date signed 2/29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

01661

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:
County Calvert
City or town Broomes Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Broomes Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Broomes Island, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME James Lyman Sewell

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1877
8. AGE: Years 62 | Months 11 | Days 21 | If less than one day ____ hrs. ____ min.
9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual occupation Waterman
11. Industry or business
FATHER 12. Name Thomas N. Sewell
13. Birthplace Calvert Co., Md.
MOTHER 14. Maiden name Nerola Thomas
15. Birthplace Calvert Co., Md
16. Informant A. Sewell
Address Broomes Island, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 18, 1940 (month) (day) (year)
Cemetery or crematory Broomes Island
Location Broomes Island, Md
18. Funeral director A. A. Markuss & Son
Address Mutual, Md
19. Feb. 18 1940 (Date rec'd by registrar) H. Clare Ruscoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16, 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Acute Cardiac Condition — DURATION

Due to: Prob. Coronary Thrombosis ?

Due to:

Other conditions: Found dead

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE H. Clare Ruscoe
Deputy Med. Examiner for Cal. or Co.
Address Prince Frederick, Md. Date signed ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01662

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Prince Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Elva May Stinnett

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife: Enoch Stinnett
6(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): June 17 87

8. AGE:

Years	Months	Days	If less than one day
53	1	2	hrs. min.

9. Birthplace: Md.
(Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business: ?

FATHER
12. Name: Benjy
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Bryerly
15. Birthplace: Md.

16. Informant: Enoch Stinnett
Address: R. Fred. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/12/40 (month) (day) (year)
Cemetery or crematory: Wesley Cemetery
Location: Pr. Frederick
18. Funeral director: W. H. Hutchins
Address: Owings, Md.

19. 2/12 19 40 D. N. Tracy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/10/1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/9/1940, to 2/10/1940, and that I last saw h alive on 2/10/1940.

	DURATION
Immediate cause of death: acute Myocarditis	2 hrs.
Due to: Intestinal Upset	2 days.
Due to: Chronic Myocarditis	5 yrs.
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations:
Ot autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: E. J. Briscoe, M. D. or other
Address: Prince Frederick Date signed: 2/10/40

RECEIVED
MAR 8 1950
BUREAU V. S.

01663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: Calvert

County

City or town Huntingtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Calvert.

City or town Lower Marlboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Grace Sunderland Ward.

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. S. Ward

6(c) If alive, give age: Deceased years

7. Birth date of deceased (mo., day, yr.): Sept 20, 1876

8. AGE: Years 63 | Months 4 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business at home

FATHER
12. Name Joseph S. Sunderland
13. Birthplace Md.

MOTHER
14. Maiden name Hannah Fowler
15. Birthplace Md.

16. Informant Mrs J W Leitch. Jr.

Address Huntingtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20 - 1940 (month) (day) (year)

Cemetery or crematory Lower Marlboro Md.

Location Lower Marlboro

18. Funeral director W. H. Hutchins

Address Owings Md.

19. Feb. 19 1940 (Date rec'd by registrar) M. B. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/17/1940, to 2/17/1940, and that I last saw her alive on 2/17/40 19

Immediate cause of death: Coronary Thrombosis — DURATION: 3 hrs.

Due to: Myocarditis — 4 yrs.

Due to: Hypertension — 5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Briscoe M. D. or other

Address Prince Frederick Date signed 2/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46C)

CERTIFICATE OF DEATH

01664

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Port Republic

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Port Republic, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: George Thomas Weems

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ethel Lee Cawthorn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 6, 1887

8. AGE: Years: 52 Months: 11 Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Thomas Weems

13. Birthplace: Calvert County

MOTHER

14. Maiden name: Rose Bowen

15. Birthplace: Calvert County

16. Informant: Ethel Lee Weems

Address: Port Republic, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Feb 21, 1940 (month) (day) (year)

Cemetery or crematory: Christ Church

Location: Port Republic

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 2/21/40 19 (Date rec'd by registrar) D. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 18 1940, at 3:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1938, to Feb 18 1940, and that I last saw him alive on Feb 18 1940.

Immediate cause of death: Cachexia Carcinoma of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Page E. Jett M. D. or other

Address: Prince Frederick Date signed: 2/20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

01665

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 52

1 PLACE OF DEATH
County Calvert
Village or City Jewell (No. ____ St.: ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME NANNIE WILSON

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): ~~MARRIED~~

6 DATE OF BIRTH: MARCH (Month) 8 (Day), 1861 (Year)

7 AGE: 78 yrs. 11 mos. 1 ds. If LESS than 1 day ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country): Md

PARENTS
10 NAME OF FATHER: ALVAN C WILSON
11 BIRTHPLACE OF FATHER (State or country): MD
12 MAIDEN NAME OF MOTHER: EMILY J COMPTON
13 BIRTHPLACE OF MOTHER (State or Country): MD

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) COMPTON WILSON
(Address) JEWELL MD

15 Filed Feb 9 1940 H. W. Hardesty Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 5, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 27, 1940 to Feb 5, 1940, that I last saw h[illegible] alive on Feb 5, 1940, and that death occurred on the date stated above, at 7 P m.
The CAUSE OF DEATH * was as follows:
Intussusception
(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Secondary
(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Hugh W Ward M. D.
218 1940 (Address) Owings Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St. James Cemetery — DATE OF BURIAL: Feb 10, 1940
20 UNDERTAKER: Robert J. Wood — ADDRESS: Friendship, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.